

Michigan Department of Community Health
EMS & Trauma Systems Section
201 Townsend St.
Lansing, MI 48913
517-241-3026

APPLICATION TO OPERATE
For All Basic, Limited and Advanced Life Support Agencies

A life support agency shall not operate unless it is licensed by the department and operates under the direction of a medical control authority in accordance with department-approved protocols. Failure to complete this application and submit it to the department will result in your life support agency not being approved to operate.

When submitting this application, be sure to include the following documents: A completed Part 1 Life Support Agency License Application, a completed Part 2 Life Support Vehicle License Application for each vehicle, a completed Manufacturers Certificate of Compliance for each transporting vehicle, a completed Certificate of Insurance for Life Support Agencies, and a completed Emergency Medical Service Personnel List. In addition, see the required "Agency Criteria" listed on the last page of this form. These criteria must be available for review at the time of the agency inspection.

Please complete all of the information requested below.

1. Level of service being requested: ☐ Basic ☐ Limited Advanced ☐ Advanced ☐ Transport ☐ Non-Transport

2. Name of Life Support Agency			Federal I.D. #	
3. Mailing Address		City	State	Zip Code
4. Contact Person (see definition within the required criteria under Management)				
5. Business Phone #	Other Phone #	6. Email Address (optional)		

7. Please list vehicles below for which authorization is being requested. A completed Part 2 Life Support Vehicle application must be completed for each vehicle and submitted with this application to the department.

YEAR	MAKE	LEVEL: (BLS, LALS, ALS)	VEHICLE IDENTIFICATION # (VIN)	PLATE

8. Is this life support agency operated or advertised under any other names other than indicated in item 2?

☐ Yes ☐ No If "Yes" indicate other name (s) _____

9. **MUTUAL AID** – List the name of life support agencies with which you have mutual aid agreements. You must present copies of these agreements at the time of inspection.

10. **GEOGRAPHIC SERVICE AREA** – List the counties, cities or townships in which you will provide pre-hospital care.

GEOGRAPHIC SERVICE AREA

11. **REQUIRED AGENCY CRITERIA** – I have acknowledged and reviewed the required agency criteria and will have it available for review upon request during the agency inspection. ☐ Yes ☐ No

12. **COMMUNICATIONS REQUIREMENTS** – I have received a copy of the MEDCOM requirements and have acknowledged and reviewed the requirements for EMS communication systems. The life support agency and vehicles have been equipped accordingly to meet compliance with these requirements. ☐ Yes ☐ No

13. **MEDICAL CONTROL AUTHORITY** – List the name of each Medical Control Authority your geographic service area is under.

NAME OF MEDICAL CONTROL AUTHORITY

14. **MEDICAL CONTROL APPROVAL** (If you are operating under more than one medical control authority, you must have a signature for each one. You may make copies of this page as needed.)

As Medical Director of _____ Medical Control Authority I recognize the named life support agency, _____ as being duly authorized to operate as:		
<input type="checkbox"/> Basic Life Support <input type="checkbox"/> Limited Advanced Life Support <input type="checkbox"/> Advanced Life Support		
_____ Signature of EMS Medical Director	_____ Print Name of EMS Medical Director	_____ Date

15. **LEGALLY RESPONSIBLE PERSON**

As legal representative of _____, I attest that I have read all laws, statutes and rules pertinent to Emergency Medical Services and agree to meet all terms of licensure as required. The vehicles, personnel and equipment will be maintained in a manner to meet all requirements set forth by Public Act 368, of 1978, as amended and all rules promulgated pursuant to it. This life support agency further agrees to operate by all rules and protocols of the Medical Control Authority in which it operates.		
_____ Signature of Legally Responsible Person	_____ Print Name of Legally Responsible Person	_____ Date

Required Agency Criteria
(Must be available for review at the time of inspection)

I. ADMINISTATIVE	Yes	No	V. SAFETY	Yes	No																											
A. Full Disclosure of the agency ownership.			1. Maintain written policies and procedures that address safety and accident reduction and comply with all applicable state and federal health and safety laws as prescribed on the department approved agency inspection form. These procedures shall be maintained by the operation and shall be available to the department by request.																													
1. Documents related to the official types of legal organization of the service, stating whether it is an individual proprietorship, partnership, corporation or subsidiary of any other corporation or unit of government.			<table border="1"> <thead> <tr> <th>Agency</th> <th>Contact</th> <th>Specific Regulation</th> </tr> </thead> <tbody> <tr> <td>MIOSHA</td> <td></td> <td>General Safety</td> </tr> <tr> <td></td> <td></td> <td>Bloodborne Pathogens</td> </tr> <tr> <td></td> <td></td> <td>Airborne Pathogens</td> </tr> <tr> <td></td> <td></td> <td>CLIA</td> </tr> <tr> <td></td> <td></td> <td>Disposal of Medical Waste</td> </tr> <tr> <td></td> <td></td> <td>HazMat</td> </tr> <tr> <td></td> <td></td> <td>EEOC</td> </tr> <tr> <td></td> <td></td> <td>Michigan Motor Vehicle Code</td> </tr> </tbody> </table>	Agency	Contact	Specific Regulation	MIOSHA		General Safety			Bloodborne Pathogens			Airborne Pathogens			CLIA			Disposal of Medical Waste			HazMat			EEOC			Michigan Motor Vehicle Code		
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2. Disclose any doing business as or trade name(s) under which the organization operates, including but not limited to the name(s) by which said organization is known to the public.																																
3. Maintain official registration of the entity with the Secretary of State or other designated official in each state in which the agency is chartered, incorporated or authorized to do business.																																
4. Disclose any parent, subsidiary or other relationships that involve ambulance or health care business activities; shared overhead or resources; or that have inter-locking directorates.			2. Maintain documentation that each individual operating a licensed life support vehicle during an emergency or patient transport has completed a department approved vehicle operation education and competency assessment.																													
B. Management			VI. STAFF AND STAFFING VEHICLES																													
1. Organization has identified one individual (i.e., president, chief, director or coordinator) who is responsible for overall day-to-day operations of the service and serves as the contact person.			A. Personnel																													
			1. Maintain a list and current license & certification documents of all EMS personnel licensed by MDCH and employed/registered with life support agency.																													
C. Policy			2. Assure that agencies are providing clinical competency assessments to emergency medical personnel before the individual provides emergency medical services.																													
1. Establish a written procedure that explains the steps that occur when a complaint is received by the agency.																																
D. Insurance Requirement			B. Orientation/Training																													
1. Provide a certificate of no-fault insurance or coverage with residual liability coverage of not less than one million dollars (\$1,000,000) per crash (accident) or other proof of self-insured authority. If an agency has an air ambulance (rotary) then not less than five million dollars (\$5,000,000) and not less than ten million dollars (\$10,000,000) for fixed wing.			1. Show evidence of an orientation for EMS personnel to familiarize them with the agency's policies and procedures. Orientation must include, at a minimum, a proper introduction to the duties to be performed as well as medical control authority protocols.																													
II. INTER-AGENCY RELATIONS			2. Show evidence of and maintain documentation that demonstrates that EMS personnel are trained on equipment that is carried by the agency.																													
1. Provide documentation that demonstrates response capabilities or ensures a response is provided (mutual aid) to each request for emergency assistance originating within the bounds of your licensed service area.			VII. PROTOCOLS/QUALITY IMPROVEMENT																													
2. Provide a document that shows inclusion in the county/regional disaster plan and response. Medical Control Authority protocols may be used to satisfy this requirement.			A. Protocols																													
III. RECORD KEEPING (Runs/Requests for Service)			1. Maintain a copy of all applicable protocols for all medical control authorities the agency operates in.																													
A. Dispatch Record			B. Quality Assurance																													
1. Provide a policy and/or show evidence that a record is created to document each request for service that the agency receives, including calls canceled prior to arrival and incidents, which result in no patient being transported.			1. Show evidence of participation in an agency based and/or medical control authority quality improvement process.																													
B. Run Form			VIII. EQUIPMENT AND VEHICLES																													
Provide a policy and/or show evidence that a record is created to document all findings and treatment given, if any, whenever contact is made with a patient or one presumed to be a patient regardless of whether or not the patient is ultimately treated or transported. (Identifiable patient information must be deleted).			1. Vehicles inspected are currently licensed and meet equipment requirements established by the department.																													
			Routine Vehicle & Equipment Inspection																													
IV. COMMUNICATIONS			2. A life support agency shall have a written policy in place to ensure vehicles and equipment are operational and provide documentation of not less than a weekly inspection program for all vehicles, communications equipment, and mechanical and electronic medical equipment.																													
1. Maintain a copy of the State MedCom requirements at the agency.																																